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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* none CT

\*\* FOREIGN APPLICATIONS \*\*\*\*\* none CT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/15/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FINLAND	SHEETS DRAWING 6	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials CT				

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## TITLE

X-ray apparatus for intraoral imaging applications

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